Docket No. MENT TRANSMITTAL LETTER 64081-00003USPT Application No. Filing Date Examiner Art Unit 10/085349 November 16, 2001 L. R. Deak 3762 Applicant(s): Victor Gura Invention: WEARABLE CONTINUOUS RENAL REPLACEMENT THERAPY DEVICE TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** Claims Highest Remaining Number Number Previously After Extra Claims Amendment Paid Present Rate **Total Claims** 33 33 Х Independent 2 3 Х **Claims** Multiple Dependent Claims (check if applicable) Other fee (please specify): One Month Extension 60.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 60.00 x Small Entity Large Entity No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ A duplicate copy of this sheet is enclosed. X A check in the amount of \$ ____60.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 10-0447 X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Anarge-any additional filing/or application processing fees required under 37 CFR 1.16 and 1.17. Dated: January 6, 2005 Steven R. Greenfield Attorney Reg. Nø.: 38,166 JENKENS & GILCHRIST. A PROFESSIONAL CORPORATION 1445 Ross Avenue, Suite 3200 Dallas, Texas 75202 (214) 855-4789

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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TRANSMITTAL		Application Number				10/085349		
for EV 2004		<u> </u>			November 16, 2001			
for FY 2004				Victor Gura				
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name			L. Deak			
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit 3			3762			
TOTAL AMOUNT OF PAYMENT (\$) 60.00		Attorney Docket No.			64081-00003USPT			
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
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Name Professional Corporation The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	- late provision	nal filing fee or cover	
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Englis	sh specification	n	
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a r	request for ex p	arte reexamination	
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting Examiner a	g publication o	f SIR prior to	
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner	g publication o	f SIR after	
FEE CALCULATION	1251	110	2251	55		for reply within	first month	60.00
1. BASIC FILING FEE	1252	420	2252	210	Extension	for reply within	second month	
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Paid	1253	950	2253	475		for reply within		
Code (\$) Code (\$)	1254	1,480	2254	740		for reply within		
1001 770 2001 385 Utility filing fee	1255 1401	2,010 330	2255 2401	1,005 165	Extension Notice of A	for reply within	i fifth month	<u> </u>
1002 540 2002 170 Design liling fee	1402		2402	165		ef in support o	f an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request fo	r oral hearing		
1005 160 2005 80 Provisional filing fee	1451		1451				lic use proceeding	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	•	2501	665		e fee (or reissi		\vdash
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design iss	ue fee		
Total Claims 33 -20** = 33 x = =	1503	640	2503	320	Plant issue	fee		
Independent 3 -3** = 0 x =	1460	130	1460	130	Petitions to	the Commiss	sioner	
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Large Entity Small Entity Fee	1806		1806	180			n Disclosure Stmt ssignment per	
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1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a sul (37 CFR 1		final rejection	
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1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385	Request fo	r Continued E	xamination (RCE)	
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SUBTOTAL (2) (\$) .00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 60.00 *or number previously paid, if greater, For Reissues, see above							60.00	
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Steven Greenfield		tration No		,166		 	(214) 855-4789	1
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Samuel Stan C. Mujurti								
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MS FEE	Amenament Commissioner for Pa	itents P O Box 4450 Alexandria VA 22313/1450 on the date shown below			
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		signature: Www. Alexandria, VA 22313/1450, on the date shown below.			
Datad:	January 6, 2005	Signature: (Carol Marstaller)			
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